



**Texas Woman's University**  
**Authorization of Professional Services**

**TO BE COMPLETED BY REQUESTING DEPARTMENT**

Email completed form to [Payroll@twu.edu](mailto:Payroll@twu.edu)

**Supplier Name or Individual:**

**Employment Status:**

**ff TWU Employee:**

Department:

Duties:

Total Fees: Other

(Specify): Estimated

Total: Rate (Hourly

or Daily): Period of

Service: Cost Center:

Department:

Prepared by:

Email:

Phone:

**Nepotism Statement:** Name, relationship, title, and department of any University employee or regent who is related to the above individual.

**Approvals:** The services provided by this individual are (1) essential and cannot be provided by available TWU personnel, (2) a selection process based on expertise and ability has been employed and this is the most qualified individual available, (3) the fee is reasonable considering the nature and extent of the services required, and (4) proper documentation is on file to support these standards.

\_\_\_\_\_  
**Department Head/Chair/Director**

**Title**

\_\_\_\_\_  
**Dean/Vice President**

**Title**

**Supplier Name or Individual Requesting Service:**

Name:

TWU Supplier ID:

Street Address:

City, State, Zip Code:

Description of Services:

**TO BE COMPLETED BY INDIVIDUAL PERFORMING THE SERVICE:**

**Have you contributed to TRS or ORP? Yes      No      Are you a TRS retiree? Yes      No**

**Note:** Travel and any other expenses should be included in the total fee.

I will perform the above services for Texas Woman's University during the period \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Grant or Contract Certifications (if applicable):** The requested services are essential and (1) cannot be performed by persons receiving salary support under this grant/contract; (2) the selection process insured selection of the most qualified individual available; (3) the fee is appropriate; (4) the individual is not an employee of the University; and (5) the proper documentation is on file in the support of the above.

\_\_\_\_\_  
**Principal Investigator**

\_\_\_\_\_  
**Research and Sponsored Projects Programs**

## Employee/Independent Contractor Classification Checklist

The information provided below will assist the University in determining whether the individual performing the services will be classified as an independent employee of the University. These questions are intended as a guide in making this classification. Further evaluation may be requested based on specific individual circumstances.

To be completed by the Requesting Department:

### Section I Relationship with the University

	YES	NO
A. Does this individual currently work for the University as an employee?		
B. Has an offer of employment been extended to this individual?		
C. Did this individual work as an employee of the University during the 12 months prior to the date of this contract?		

If the answer is "No" to all questions, proceed to Section II.

If the answer is "Yes" to any of the questions, the individual should be classified as an employee and paid via payroll.

### Section II Classification Guidelines (Complete only section A,B, or C depending on the services performed by the individual)

	YES	NO
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#### A. Guest Speaker/Continuing Education Instructor

1. Will the University provide course materials and tools?
2. Will the University reimburse the individuals for course related expenses?

If the answers to questions 1 and 2 are "Yes", treat the individual as an employee. If the answer to either is "No", proceed to 3 & 4

3. Is the individual an invited guest speaker to lecture in a seminar, colloquium, class, etc.?
4. Has the individual been engaged by the University fewer than 5 times in the past 12 months?

If the answers to questions 3 and 4 are "Yes", treat the individual as an independent contractor. If the answer to either question is "No", proceed to question 5.

5. Has the individual provided the same or similar services to other unrelated entities in the last 12 months?
6. Will the department provide the individual with specific instructions regarding performance of the required work rather than rely on the individual's expertise?

If the answer to 5 is "Yes" and 6 is "No", treat the individual as an independent contractor. If the answer to 6 is "Yes", then treat the individual as an employee.

#### B. Researcher

1. Will the individual perform research under the supervision of a University professor or employee?

If the answer to question 1 is "Yes", treat the individual as an employee. If the answer is "No", proceed to 2, 3, & 4.

2. Will the individual serve in an advisory or consulting capacity with a University professor or employee?
3. Has the individual provided the same or similar services to other unrelated entities in the last 12 months?
4. Will the period of service be completed within 30 days?

If the answer to questions 2, 3, and 4 is "Yes", treat the individual as an Independent Contractor, otherwise treat the individual as an employee.

#### C. Individuals Not Covered Under A and B

1. Has the individual provided the same or similar services to other unrelated entities or to the general public as a trade or business during the last 12 months?
2. Will the period of service exceed 30 days?
3. Will the department provide the individual with specific instructions regarding performance of the required work rather than rely on the individual's expertise?
4. Can the University set the number of hours and/or days of the work week that the individual is required to work, as opposed to allowing the individual to set his/her own work schedule?

If the answer to question 1 is "Yes" and 2, 3, and 4 is "No", treat the individual as an Independent Contractor. Otherwise the individual should be paid as an employee via payroll.

Forms required if employee: W-4, I-9 complete at the Office of Human Resources  
Forms required if Independent Contractor: W-9, Resume or Curriculum Vitaes

## To be completed by Payroll

	YES	NO
<b>Payroll Review:</b>		
1. Is this individual an independent contractor?		
2. Should this individual be paid through Payroll?		
3. Should this individual be paid through Procurement Services?		

\_\_\_\_\_  
Manager of Payroll Signature

\_\_\_\_\_  
CHRPO Signature

**Payroll to forward to Requesting Department.** \*This document must be provided in the Supporting Documentation for Contract Routing.